

The Town of Capitol Heights One Capitol Heights Blvd Capitol Heights, MD 20743 Phone: (301) 336-0626/ Police (301)420-2444

PERMIT APPLICATION

Applicant Information			
Applicant Name:Address:			
City/ State/ Zip:		(Print Name)	
Email:		/ed://	
Phone:	Fee Paid: 5		
TYPE	OF PERMIT REQUESTED (Check One)	
Noise Peri	mit Sp	Special Event Permit	
Other:			
	ACTIVITY DESCRIPTION		
Location of Event:			
Description of Event:			
Description of Event.			
Action Item	Responsible Person	Date Completed/Initials	
Review of application	Code Enforcement Officer	//	
Action Item	Responsible Person	Date Completed/Initials	
Review of Application		//	
Review of Application	Print Name and Title (Police)		
Action Item	Responsible Person	Date Completed/Initials	
Final Approval		/ /	
	Print Name and Title	·	
(Review and approval by De	partment Head: Town Administrator, Chief of Polic	e, Neighborhood Services Director)	
Action Item	Responsible Person	<u>Date Completed/ Initials</u>	
Printout permit (to be do (permit to be displayed or		//	